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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
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Name of Person Making Transmittal: Karen Cing-Mars

Signature: Karen Cing-Mars

Date of Signature: 11/25/03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
Michael T. White *et al.*

Examiner: F. R. Zeender

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Application No.: 09/469,633

Group Art Unit: 3627

NOV 25 2003

Filed: December 22, 1999

For: **ENHANCED SECURITY
FEATURES FOR AN
AUTOMATED ORDER
FULFILLMENT SYSTEM**

Date: November 25, 2003

OFFICIAL

REPLY AND AMENDMENT UNDER 37 C.F.R. § 1.111

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

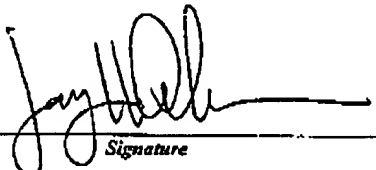
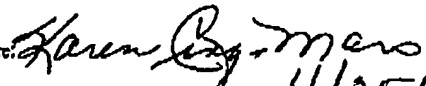
Sir:

In reply to the Office Action dated August 25, 2003, please amend the above-identified application as follows:

FIS9-1999-0140-US1

-1-

Appln. No. 09/469,633

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. FIS919990140	
Applicant(s): White et al.					
Serial No. 09/469,633	Filing Date 12-22-99	Examiner Florian M. Zeender	Group Art Unit 3627		
Invention: ENHANCED SECURITY FEATURES FOR AN AUTOMATED ORDER FULFILLMENT SYSTEM					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div style="margin-top: 20px; text-align: center;"> _____ Signature</div> <div style="margin-top: 20px; text-align: right;">Dated: 25 November 2003</div>					
<div style="display: flex; justify-content: space-between;"><div>Jay H. Anderson Registration No. 38,371 Telephone No. 845-894-3667 Fax No. 845-892-6363</div><div style="text-align: right;">I CERTIFY THAT THIS DOCUMENT IS BEING FACSIMILE TRANSMITTED TO THE USPTO ON THE DATE SHOWN BELOW: Date of Transmission: 11/25/03 Name of Person Making Transmission: Karen Cioq-Mars Signature:  11/25/03</div></div> <div style="margin-top: 20px;">cc:</div>					

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CERTIFICATION OF FACSIMILE TRANSMISSION:

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Date of Transmission: November 25, 2003

Name of Person

Making Transmission: Karen Cing-Mars

Signature:

Karen Cing-Mars 11/25/03

DOCUMENT(S) FAXED: (MARKED WITH X)

8

PAGES ATTACHED

Re Applic of
Docket No.
Serial No.
Filing Date
Attorney

Michael T. White et al.

FIS919990140

09/469,633

12-22-99

Jay H. Anderson

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Attached: Amendment

PLEASE DELIVER TO:**EXAMINER: F. Ryan Zeender****ART UNIT: 3627****PHONE NO: 703-308-8351****FAX NO: 703-872-9326**

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